

## Illinois SANE Training Program: Sexual Assault Treatment Checklist

A laminated copy of the following checklist should be kept on the SANE cart to be used as a guide when providing medical forensic services.

### Overall Considerations:

<b>* PATIENT MAY DECLINE ANY COMPONENT OF THE EXAM AT ANY TIME</b>	
<b>* NEVER LEAVE THE ILLINOIS STATE POLICE SEXUAL ASSAULT EVIDENCE COLLECTION KIT (ISP SAECK) UNSECURED/UNATTENDED ONCE OPENED</b>	
<b>* USE TERM "DECLINED" INSTEAD OF "REFUSED"</b>	<b>* NEVER USE TERM "ALLEGED"</b>
<b>* USE TERM "PATIENT" NOT "VICTIM"</b>	<b>* LAW ENFORCEMENT (LE) IS NOT ALLOWED IN ROOM DURING EXAM</b>
<b>* WITH PATIENT CONSENT THE MEDICAL ADVOCATE MAY BE PRESENT DURING THE ENTIRE EXAM</b>	

**\*\*\*Evidence Collection Kit shall be offered and completed if the patient presents within a minimum of 7 days of the sexual assault.**

Actions	Check when completed	Comments
Registration: Obtain general consent for treatment ( <i>patient of any age</i> )	<input type="checkbox"/>	
Identify patient as sexual assault patient	<input type="checkbox"/>	
Briefly triage patient <ul style="list-style-type: none"> <li>Assign ESI level 2 for any patient that presents within 7 days of the assault</li> <li>Refer to patient by code</li> <li>Place in a private room</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Notifications: <ul style="list-style-type: none"> <li>SANE and/or assign primary RN</li> <li>Rape crisis center for medical advocate</li> <li>Law enforcement (if not previously notified - discuss patient's consenting choice first)</li> <li>Other mandated reporting agencies (Department of Aging, Department of Children and Family Services (DCFS), Office of the Inspector General)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
MD or Midlevel provider to complete medical screening exam <ul style="list-style-type: none"> <li>Address all emergent medical concerns (i.e. strangulation injury, trauma, bleeding)</li> </ul>	<input type="checkbox"/>	
<b>Prior to starting exam</b> obtain all supplies needed (see recommended supply list)	<input type="checkbox"/>	
Screen <b>all</b> patients for possible Drug Facilitated Sexual Assault (DFSA) <ul style="list-style-type: none"> <li>Collect at least 30ml of urine in a clean/dry cup and maintain chain of custody</li> <li>Instruct patient to blot with gauze/tissue before sample collection (if genital swabs have not yet been collected) and submit tissue/gauze as miscellaneous evidence. Instruct patient to drip dry or blot after sample collection.</li> <li>Provide patient with <b>Illinois State Police Toxicology Screening Information for Drug Facilitated Sexual Assaults: Patient Information Sheet</b></li> <li>Provide patient with <b>Consent to Toxicology Screen Form</b> (patient does not have to consent at this time. Urine can be held by law enforcement for a minimum of 10 years for the patient over 18 and until the 28<sup>th</sup> birthday for a patient under 18.) <ul style="list-style-type: none"> <li>Photocopy consent form and provide a copy to the patient and a copy for medical records</li> </ul> </li> <li><b>Do not include urine specimen in ISP SAECK</b></li> <li>Seal the urine cup with tape, initial and date tape, place in biohazard bag with original consent form</li> <li>Release to law enforcement and notify them that item needs to be <b>refrigerated</b></li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Open sealed ISP SAECK and utilize checklist provided <ul style="list-style-type: none"> <li><b>Obtain patient consent for:</b> <ul style="list-style-type: none"> <li><b>Medical Forensic Exam and Evidence Collection</b> (<i>patient of any age</i>)</li> <li><b>Photographic Evidence</b> (<i>patient ≥13 years, parent or guardian</i>)</li> <li><b>Reporting Decision: Patient report, Health Care Provider report or Non-report</b> (<i>patient ≥13 years, parent, guardian, DCFS or LE</i>)</li> <li><b>Evidence Analysis: Consent to Test or Consent to Hold</b> (<i>patient ≥13 years, parent, guardian, DCFS or LE</i>)</li> </ul> </li> </ul> <b>TIP:</b> Non-report can only consent to hold the evidence.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Obtain medical forensic history, including detailed history of the assault <ul style="list-style-type: none"> <li>Use the medical forensic documentation form in the ISP SAECK as a guide: See pages 126 and 127 of the Pediatric National Protocol for sample medical history questions</li> <li>Quote patient statements as much as possible, but try not to interrupt</li> <li>For pediatric patients: <ul style="list-style-type: none"> <li>Obtain history from parent/guardian without the child and vice versa</li> <li>Ask the child only "Do you know why you are here? Does anything hurt?" <ul style="list-style-type: none"> <li>If disclosure occurs, document the patient's history and any clarifying questions that are asked verbatim</li> <li>If no disclosure, reassure the child that you are going to examine them to make sure that they are healthy</li> </ul> </li> </ul> </li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

[illegible]

